

PAPERWORK REDUCTION ACT SUBMISSION

Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your agency's Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting Statement and any additional documentation to: **Office of Information and Regulatory Affairs, Office of Management and Budget, Docket Library, Room 10102, 725 17th Street NW Washington, DC 20503.**

1. Agency/Subagency originating request
EPA \ Office of Enforcement and Compliance Assurance \ Office of Compliance

2. OMB control number b. **G** None
a 2060-0340 _ _ _ _ _

3. Type of information collection (*check one*)
a. **G** New collection
b. **G** Revision of a currently approved collection
c. **X** Extension of a currently approved collection
d. **G** Reinstatement, **without change**, of a previously approved collection for which approval has expired
e. **G** Reinstatement, **with change**, of a previously approved collection for which approval has expired
f. **G** Existing collection in use without an OMB control number

4. Type of review requested (*check one*)
a. **X** Regular
b. **G** Emergency - Approval requested by: _ _ / _ _ / _ _
c. **G** Delegated

5. Small entities
Will this information collection have a significant economic impact on a substantial number of small entities? **X** Yes **G** No

6. Requested expiration date
a. **X** Three years from approval date b. **G** Other Specify: _ _ / _ _ / _ _

For b-f, note item A2 of Supporting Statement Instructions

7. Title
NESHAP for Petroleum Refineries, 40 CFR Part 63, Subpart CC

8. Agency form number(s) (*If applicable*)
ICR#: 1692.04

9. Keywords
Clean Air Act, Environmental Protection, Air Pollution Control

10. Abstract
The respondents to the information collection are owners or operators of facilities subject to the petroleum refineries NESHAP. The information is requested by the agency to determine compliance with the rule. The information will be used by enforcement agencies mandated by the clean air act

11. Affected public (*Mark primary with "P" and all others that apply with "X"*)
a. _ Individuals or households d. _ Farms
b. **P** Business or other for-profit e. **X** Federal Government
c. _ Not-for-profit institutions f. **X** State, Local or Tribal Government

12. Obligation to respond (*Mark primary with "P" and all others that apply with "X"*)
a. **G** Voluntary
b. **G** Required to obtain or retain benefits
c. **P** Mandatory

13. Annual reporting and recordkeeping hour burden
a. Number of respondents 157
b. Total annual responses 314
 1. Percentage of these responses
 collected electronically 50 %
c. Total hours requested 469,430
d. Current OMB inventory 493,000
e. Difference (23,570)
f. Explanation of difference
 1. Program Change 0
 2. Adjustment (23,570)

14. Annual reporting and recordkeeping cost burden (*in thousands of dollars*)
a. Total annualized capital/startup costs 542
b. Total annual costs (O&M) 0
c. Total annualized cost requested 542
d. Current OMB inventory 570
e. Difference (28)
f. Explanation of difference
 1. Program change 0
 2. Adjustment (28)

<p>15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>)</p> <p>a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management</p> <p>b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research</p> <p>c. <input type="checkbox"/> General purpose statistics g. <input type="checkbox"/> Regulatory or compliance</p> <p>d. <input checked="" type="checkbox"/> Audit</p>	<p>16. Frequency of recordkeeping or reporting (<i>check all that apply</i>)</p> <p>a. <input checked="" type="checkbox"/> Recordkeeping b. <input checked="" type="checkbox"/> Third party disclosure</p> <p>c. <input checked="" type="checkbox"/> Reporting</p> <p>1. <input checked="" type="checkbox"/> On occasion 2. <input checked="" type="checkbox"/> Weekly 3. <input checked="" type="checkbox"/> Monthly</p> <p>4. <input checked="" type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input checked="" type="checkbox"/> Annually</p> <p>7. <input checked="" type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) _____</p>
<p>17. Statistical methods</p> <p>Does this information collection employ statistical methods?</p> <p><input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>)</p> <p>Name: <u> Dan Chadwick </u></p> <p>Phone: <u> 202-564-7054 </u></p>